

**COLORADO METHAMPHETAMINE TASK FORCE**  
**Meeting November 4, 2011**  
**10:00 am – 1:00 pm**  
**Colorado Municipal League**  
**1144 Sherman St., Denver, CO**

FINAL

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**Chair** – Attorney General John Suthers

**Vice –Chairs:**

- *Treatment* – Charlie Smith, Director, Division of Behavioral Health, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police, Department, North Metro Drug Task Force

**Attendees:** John Suthers; José Esquibel; Melissa Gallardo; Stan Hilkey; Michael Root; Debra Campeau; Greg Daniels; Rachel Allen; Kathryn Well, Dan Rubinstein; Jade Woodard; Dan Kaup; Karla Mraccini; Charles Smith; Val Kalnins

**Guests:** Caitlin Kozicki; Robynn Keeley; Julia Roguski; Kent MacLennen; Kristen Dixon; Dennis Dahlke; Jennifer West

**Introductions:**

Attorney Suthers called the meeting to order on November 4, 2011.

**Review and Approval of Minutes:** August 5, 2011, were approved by motion and approved.

**Announcements from Task Force Members:**

Stan Hilkey: There was a 60 % increase in prescription drugs and over the counter medication drugs collected in Mesa County as part of the National Take Back event, netting 60 tons.

*Executive Director Kent MacLennan:* The Colorado Meth Project is launching a new website and campaign, Ask MethProject.org, to provide a definitive online resource for teens to answer their questions about meth in an engaging and interactive way. The Website was put together with significant teen focus group research and expert input to ensure the factually accurate nature of the content, including information from the National Institute on Drug Abuse and Dr. Rick Rawson of the University of California-Los Angeles. The campaign will launch on November 8<sup>th</sup> at George Washington High School in Denver where students will have the first opportunity to interact with the site as it goes live. State Meth Task Force members are encouraged to share the Website in their professional circles, as it will be a useful educational tool for various groups, which it is hoped will lead to additional collaborations with other prevention, law enforcement and treatment agencies ([www.methproject.org](http://www.methproject.org)).

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*AG Suthers:* The ballot results of which towns in Colorado turned down marijuana dispensaries and which did not is interesting. Dr. Christian Thurston will be here later to talk about the effect of marijuana on the youth brain.

*Rachel Allen:* Prior to November 2011 elections, the electorate in only two towns in the state — Fraser and Minturn — had given the go-ahead to commercial medical marijuana sales. Palisade and the Routt County towns of Steamboat Springs and Oak Creek added to that small group Tuesday night. Fort Collins, Yampa and Brush joined 36 other cities and towns where voters have banned medical marijuana centers.

Since 2009, voters in 34 of 37 municipalities where elections have been held have voted to prohibit such operations. Of 72 cities and towns where elected boards have made the decision whether to allow dispensaries, two-thirds prohibited them.

The election summary is available at [http://www.cml.org/Media\\_Room.aspx](http://www.cml.org/Media_Room.aspx), and the municipal marijuana action table is available at [http://www.cml.org/Medical\\_Marijuana.aspx](http://www.cml.org/Medical_Marijuana.aspx).

### **Updates on possible legislation**

*Dan Rubinstein:* It does not look like the Colorado Commission of Criminal and Juvenile Justice will introduce sweeping legislation like last year. The issue of driving under the influence of marijuana is concentrating on studying the measure of THC content in the blood stream that would constitute impairment.

*Chief Mike Root:* There may be legislation regarding sexting to reduce the penalty of the crime for juveniles but not for adults.

*AG Suthers:* In regard to possible changes in the asset forfeits laws in Colorado, this is a bit complicated. Years ago, a coalition got together and dramatically changed these laws and now we are finding that they took all the incentive out of the laws so that local law enforcement do not generally receive any of the forfeiture dollars back, which become part of a federal pool of funding. 80% of the forfeiture funds go to a federal pool of funding and 20% is intended for local law enforcement. However, not all communities have a forfeiture board. A staff person in the Attorney General's Office is looking into this issue.

*Dan Rubinstein:* Is there any talk about making these changes? We need to structure this in a way that makes it easy for the money to be shared among local law enforcement agencies.

*José Esquibel:* Perhaps some of the forfeiture dollars can be used to support work like that being done through the Rural Law Enforcement Meth Initiative, which is assisting local law enforcement.

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**Substance Exposed Newborn Subcommittee**

A Webinar is scheduled for Wednesday, November 16<sup>th</sup>. The information will be sent to Terri Connell in the AG's Office and sent to State Meth Task Force members. It will also be posted online on the Colorado DEC Web site

The proposed legislation of the State Meth Task Force is intended to protect a woman who receives drug testing during their pregnancy from prosecution.

The next SEN Subcommittee meeting is November 10<sup>th</sup>. We need to define the "prenatal care" part of this legislation. This is fairly innovative and we are being approached by other states. If a woman is going in for prenatal care, no drug testing will be able to be used against her for prosecution. Again it is only for the prenatal care and pregnancy.

**National Pharmaceutical Drug Take Back Event**

The National Take Back Event on October 29<sup>th</sup> was another very successful venture, thanks to the collaborative effort of many partners in Colorado and across the nation.

On October 29<sup>th</sup>, 81 Colorado law enforcement agencies hosted 108 take back locations across the state. The Denver Division of the U.S Drug Enforcement Administration is very impressed with the participation and commitment from collaborative partners. In addition to providing a convenient and safe means of disposal to our communities and state, we have all had a role in raising awareness about prescription drug poisonings, abuse, and misuse. The statistics for each of the Take Back events in Colorado are:

NTBI-I	September 2010:	9,258 lbs collected
NTBI-II	April 2011:	14,114 lbs collected
NTBI-III	October 2011	11,630 lbs collected
<b>Statewide total, all events:</b>		<b>35,002 lbs collected</b>

Although it has not been officially proclaimed, there is a good possibility of another National Take Back event in 2012.

Next week, November 6-11, is Prescription Drug Awareness Week in Colorado. The Governor's Office will proclaim it at an educational Rx Drug Forum being hosted by Peer Assistance Services, Inc. and the Division of Behavioral Health/Colorado Department of Human Services. The Director of the White House Office of National Drug Control Policy will be the keynote speaker at that forum, the first of its kind in Colorado! More than 100 people representing education, treatment, law enforcement, and disposal, including state legislators will be in attendance.

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Katie, over 100 people are coming to the event, the keynote speaker will be talking about this issue. What is Colorado doing around this issue? In the afternoon, we will be talking about education on how to get prescription drugs. This is all through Peer Assistance. Put the information that you received from the sheets.

**Rural Law Enforcement Meth Initiative**

*Jade Woodard*

The work of the Rural Law Enforcement Meth Initiative has proven to be the best means yet for helping the State Meth Task Force fulfill part of its legislative charge. The focus of the RLEMI was on the counties of the Eastern Plains. Since we knew that the funding for the RLEMI was time limited, we worked to connect a number of groups together so that the work could continue. Nonetheless, it is worthwhile for the State Meth Task Force to consider options for continuing to fund a coordinator for the RLEMI work.

Before the RLEMI grant concluded in October, three events were held on the eastern plains and a number of people from various communities were trained in the following:

- Prescription drugs;
- Recovery support system overview;
- Peer coach training – recovery work;
- Criminal conspiracy case investigations and basic investigations; and
- Marijuana issue and drug endangered children - DEC will continue this training.

Other activities included

- The September summit was done in Limon.
- 1-800 children cards were put out and will continue this work, we are working on the database.
- Five rural counties were brought on to the use of the DEC/SYS tracking system, which was developed in 2006 and launched in 2010. To date, the DEC/SYS data indicates that of 850 individuals arrested 200 of these events were found to have children in the home. At some point, all counties will have this system.
- Circle of Parents in Recovery Train the Trainer and initiation of circle of parents support groups.
- Over 150 people were trained in DEC.
- Leadership and law enforcement in Otero County

Upcoming events include:

- Narcotics investigations class in the Lamar region in January 2012
- Meth Lab certification for Eastern Plains in February 2012

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With continued funding RLEMI can touch the rest of the state. Without funding, there is no staff, no coordinator to move the work forward.

Chief Mike Root: I attended a number of the training sessions. The trainings provided are valuable to law enforcement as well as having someone who can help law enforcement tap into the resources that are available. Having a one-stop person to contact to connect things is important.

Finding resources is still the problem, officers and child welfare staff is not aware of what is out there. We need to find a way to continue the relationships that have been created and built on as a result of RLEMI.

AG Suthers: We are looking at El Pomar regional money that may be able to go into this. \$60 or 70 thousand a year would run the program. The more we can make this standard information that is given to law enforcement the better it is for sustainable. The beauty of this program is bringing together all the resources through this training.

Can some of the RLEMI trainings become part of the Peace Officer Standards and Training? Perhaps some regional programs are willing to sponsor the law enforcement trainings. The board does have grants available, if you go to the board and ask the board for money to hold the training, this could become a great network.

Jade Woodard: We are working on some on this on the Colorado DEC side of things. Many programs seem to get blocked in, we do need to look at the treatment component piece of this and there may be treatment piece of this. There may be money available in that arena. However, we were able to go further than just the treatment issue with RLEMI. We were able to target some of the communities that do not have the resource available to them.

If there is funding opportunities that come to your attention, let us know.

The other piece is that there is still opportunity to apply for the Justice Assistance Grant, and perhaps Substance Abuse Block Grant Funds.

### **Data Dashboard and Provider Database**

*OMNI Institute*

The shell of the substance abuse trends data dashboard is ready to be populated. The current shell was reviewed with State Meth Task Force members with plans for a fuller review at the February meeting. Part of the discussion in February will be about the use of the data dashboard by the State Meth Task Force and other interested state and local groups interested in tracking drug abuse trends; promoting the dashboard. The dashboard will also be helpful for local county/regional level groups in tracking county level trends.

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Also, the Division of Behavioral Health has been working with partners on Linkingcare.org Web site, which will help link primary care and other interested parties with local substance abuse and mental health providers. The Web site is slated to go live in early 2012. The SBIRT grant to the State of Colorado was the starting point for the LinkingCare.org Web site.

**Comments:**

Question: How institutional are the data sources in the dashboard? All data is from state sources, such as treatment admissions data from the Division of Behavioral Health and Judicial filings.

El Pomar needs to see this product, it would be very helpful. Jeannie Smith may know who in El Pomar we need to contact.

**Drug Policy Task Force**

*Dan Rubinstein, District Attorney*

The Drug Policy Task Force is very busy meeting a number of times a week. We have developed a fact sheet for bath salts and synthetic inhalants. The information will be sent to Terri and to send to State Meth Task Force members

The drug structure grid is a huge project.

- Schedule of drug
- Quantity of drug
- Intent of what you are going to do with it
- Prior record
- Special offender record (gun, school grounds)

Felony offense levels being explored:

- D-1 will be the highest
- D2 will be the smaller level
- D3 will be the lowest level offenders
- D4 will be recreations

What is the goal? Treating users as users (get them treatment), treat the dealers like dealers (criminal prosecution), especially if they are making a profit.

Huffing inhalants is now proposed as a higher offence and a couple of others have been downgraded.

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The matrix of revised penalties for drug offenses is being finalized. We are hoping to have something for the next legislation sessions (2013)

We are working on addressing the funding silos and because of HB 1352. We don't know yet how we want to balance some of the issues surrounding the way the treatment money can be spent. There are three accounts of money that we are trying to work into one funding stream.

There needs to be a firm commitment to youth on the treatment end of things.

### **Adolescent Marijuana Use**

*Christian Thurstone, MD*

There are a number of surveys that are out there, we don't have enough state specific data from all of this for at least 2 year. We do have data that is pointing to an increase of marijuana use among students in grades 9-12 in Adams County; there has been an approximate 16% increase in one year. School expulsions for drugs in Colorado increased 40%.

Of 80 teens at in substance abuse treatment at Denver Health, 81% answered yes to obtaining marijuana from a person with a medical marijuana card.

Based on research we know marijuana use impairs the developing brain of adolescents. It is very toxic on the adolescent brain. There is a lack of understanding among the general public about the effects of marijuana on the developing brain.

Second hand smoke from marijuana is a health hazard. Marijuana is addicting, a finding that surprises many people.

In Colorado, youth have easy access to marijuana and advertising is very youth orient

I would like to see going back to "Care Giver model" as originally intended with medical marijuana in Colorado. There is going to be a huge amount of money spent on the side of passing convincing people that marijuana use is not harmful.

It is important to get information to pediatricians and other medical professionals, including information to give to the parents and children.

### **Comments:**

In the conference we just had, every marijuana session was over flowing, I think the public will is there, we just need to get the information out there.

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We tried to have some forums but found that mostly there were attendees that wanted to shout you down.

We find we don't have enough experts out there to educate the public about this issue. We need champions out there as a strong voice

Do you have a public relations person that can help get the word out?

There seems to be no information about what is the appropriate dosage of marijuana that is prescribed for various ailments. If there is a medical need there, seems to be a need to define dosage. The medical community needs to step up and talk about this.

The average age medical marijuana card holders is age 40 and the mean age is 30, over 75% are male.

Why are we not addressing alcohol as much as we focusing on marijuana? It seems like alcohol always get a pass on this. We are seeing marijuana on the rise and the alcohol on the decline.

There are prevention efforts addressing underage alcohol use. One thing that has changed is that kids are saying that it is easier to get marijuana instead of alcohol.

Alcohol is not a medication, but marijuana is described as "medication". More people understand the impact alcohol and the damages it can cause whereas marijuana is being promoted as something safe.

We need to change the culture, take off the "Medical" off our presentations; we also need to change the parents and kids mind set. It is like alcohol and it still is illegal for underage use. We need to stop using "Medical" in front of marijuana. None of this is on your record, it is better to have marijuana charge on your record instead of alcohol ticket.

Question" Are there some resources we can use from California? Yes, there is and we are looking at it.

Do we need keep this on our radar screen? We also have the educational parts of this and what are the key issues that we need to keep on the screen.

Kathy Wells will send information to José

### **Annual Report**

A draft of the report will be made available to State Meth Task Force Members in December. The report will go to AG Suthes for review and approval for the holidays in time for submission by January 1<sup>st</sup>.



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**Meetings for next year:**

It was agreed by members present that the State Meth Task Force will meet on the 1<sup>st</sup> Friday of the month in February, May, August, and November 2012.

**Meeting adjourned**